

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Direct Opportunities Group, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 18 / 2016</div>	
Mailing Address 228 Park Avenue South 28822		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">25000.00</div>	
City New York	State NY	Zip Code 10003	Transaction ID : D821657
Purpose of Expenditure Digital ad buy & production costs		Category/Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 17 / 2016</div>
Name of Federal Candidate CAFORIO, BRYAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">25000.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Direct Opportunities Group, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 18 / 2016</div>	
Mailing Address 228 Park Avenue South 28822		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">25000.00</div>	
City New York	State NY	Zip Code 10003	Transaction ID : D821658
Purpose of Expenditure Digital ad buy & production costs		Category/Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 17 / 2016</div>
Name of Federal Candidate CAIN, EMILY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">25000.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">50000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kuhl, Martha , , ,

[Electronically Filed]

Date

10 / 19 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Direct Opportunities Group, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 228 Park Avenue South 28822		Amount 25000.00	
City New York	State NY	Zip Code 10003	Transaction ID : D821659
Purpose of Expenditure Digital ad buy & production costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016
Name of Federal Candidate CRAIG, ANGELA, DAWN, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Direct Opportunities Group, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 228 Park Avenue South 28822		Amount 25000.00	
City New York	State NY	Zip Code 10003	Transaction ID : D821660
Purpose of Expenditure Digital ad buy & production costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016
Name of Federal Candidate TEACHOUT, ZEPHYR, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	100000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kuhl, Martha , , ,

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 19 / 2016